

Director's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: June 26, 2010

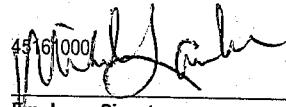
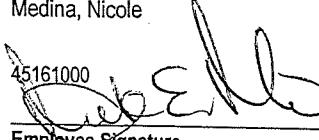
Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Corbett,Kate 45161000 <i>Beth Corbett</i>	Day: In - Out			10:45 12:45	1:00 1:30	1:00 1:30	1:00 1:30	1:00 1:30
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIF 7.5					
Desjardins, Stacey 8100-9745 <i>JF</i>	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			DEA school	DEA school	DEA school	DEA school	DEA school	
Dookhan, Annie 45161000 <i>Anne D</i>	Day: In - Out	10:45	11:15	10:45	1:00	10:45	11:15	10:45
	Lunch: Out - In	12:00	12:30	12:00	12:30	12:00	12:30	12:00
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.5	OT 1.25	OT 1.5	Plymouth 2:30pm	Fall River 2:35pm	OT 1.25
Frasca,Daniela 45161000 <i>DFD</i>	Day: In - Out	6:45	2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 1:45
	Lunch: Out - In	1:00	1:30	12:40 1:10	1:00	1:30	1:00	12:30
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					3:15 11:00am		5:00 1 hr	

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Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			DEA School	DEA School	DEA School	DEA School	DEA School	
Lawler, Michael 45161000  Employee Signature	Day: In - Out			830 700	755 155	830 800	745 815	700 600
	Lunch: Out - In			155 125		105 135	1230 1100	1000 1200
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			VAC 7.5 ✓ OT 2.5 ✓	VAC 1.50 ✓	OT 3.5 ✓	OT 4.5 ✓	OT 6.0 ✓	
Medina, Nicole 45161000  Employee Signature	Day: In - Out		7:40 3:40		7:35 3:35	7:46 3:40	7:5 3:15	
	Lunch: Out - In		12 12:30		12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To						7:35	
Document exceptions or comments, indicate type and amount.				5/15 Duty			FALL 1/2	
O'Brien, Elisbeth 45161000  Employee Signature	Day: In - Out		8:00 4:30	7:30 3:30	7:40 4:40	7:50 1:50		
	Lunch: Out - In		11:30 1:200	11:30 1:200	11:30 1:200			
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			CIT 1.0 ✓	+1.0 COM ✓	CIT 0.5 ✓	CIT 0.5 ✓	SICK 6.5 ✓	

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Folk_OIG_PRR_002860

Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out		8:35 4:35					
	Lunch: Out - In		12:00 12:30					
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				CMT 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓	
Piro, Peter 45161000 <i>CBS</i> Employee Signature	Day: In - Out		8:30 4:30 9:15 5:15					
	Lunch: Out - In		12 12:30 12 12:30					
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					7.5 VAC ✓	7.5 VAC ✓	PER 7.5 ✓	
Renczkowski, Daniel 45161000 <i>D.R.L.</i> Employee Signature	Day: In - Out		6:45 4:45 6:45 4:45 10:45 4:45 6:45 3:45	6:45 4:45 6:45 3:45	6:45 4:45 6:45 3:45	6:45 4:45 6:45 3:45	6:45 4:45 6:45 3:45	
	Lunch: Out - In		12:00 10:30 12:00 10:30 11:15 11:45 12:00 10:30	12:00 10:30 12:00 10:30 11:15 11:45 12:00 10:30	12:00 10:30 12:00 10:30 11:15 11:45 12:00 10:30	12:00 10:30 12:00 10:30 11:15 11:45 12:00 10:30	12:00 10:30 12:00 10:30 11:15 11:45 12:00 10:30	
	Outside Duty: From - To				8:30 10:45		8:30 10:45	
Document exceptions or comments, indicate type and amount.			OT 2hrs ✓	OT 2hrs ✓	Suffolk Superior OT 2hrs ✓		Fall Roster OT 2hrs ✓	OT 7.5 hrs ✓
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 3:30 6:45 3:30 6:45 1:00	6:45 4:30	6:45 3:45 6:45 3:45	6:45 3:45 6:45 3:45	6:45 3:45 6:45 3:45	
	Lunch: Out - In		11:30 2:00 1:30 2:00	1:30 2:00	1:30 2:00 10:00 10:30	1:30 2:00 10:00 10:30	1:30 2:00 10:00 10:30	
	Outside Duty: From - To				8:30 10:45		7:30 10:45	
Document exceptions or comments, indicate type and amount.			OT 0.75 ✓	OT 0.75 ✓	Suffolk Superior VAC 15 ✓	OT 1.75 ✓	Fall Roster OT 7.5 ✓	OT 7.5 ✓

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Sprague, Shirley 45161000 <i>Shirley Sprague</i> Employee Signature	Day: In - Out		850 450		900 500	855 500	835 435	
	Lunch: Out - In		100 130		100 130	100 130	120 130	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.			51C 7.5 ✓				
Tan, Zhi 45161000 <i>Zhi Tan</i> Employee Signature	Day: In - Out		6:45 6:45 2 ^{1/2}	6:45 7:00	6:45 6:10	6:45 7:45	6:45 7:45	6:45 6:45
	Lunch: Out - In		12:05 12:25	12:05 12:30	12:30 3:50	12:00 12:30	12:00 12:30	12:30 1:00
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.		C. 1.5 OT Per 0.5 1.5 ✓	OT 4.25 ✓	OT 0.5 ✓	OT 5.0 ✓	OT 5.0 ✓	OT 11.0 ✓
Tran, Mai 45161000 <i>Mai Tran</i> Employee Signature	Day: In - Out	745 12			830 230	8-		
	Lunch: Out - In							
	Outside Duty: From - To					115		
	Document exceptions or comments, indicate type and amount.		1.75 sick ✓ Dr. App ✓			Brockton Drs)		
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/26/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant backlog of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Felicia Davis Date: 6/24/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Landee	120459	11.5 hrs			
Daniel Renzkauskis	297673	7.5 hrs			
Della Sauneres	147387	7.5 hrs			
Zhi Tan	148724	11 hrs			